

Benefit Providers Multiple Employer 401(k) Retirement Program
932479 - 000
Enrollment/Change Form

Social Security Number: - -

Use this form only to designate your investment choices for future contributions. To transfer investment balances use the toll free number, if applicable, or contact your Plan Administrator.
You must complete a Beneficiary Designation Form.

Employee Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Initial	Last Name
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="radio"/> Married <input type="radio"/> Not married
Telephone Number	Email Address	Married Status
<input type="text"/>	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)	

Reason for Form

- | | |
|---|--|
| <input type="checkbox"/> I am eligible and am enrolling in the Plan. ** | <input type="checkbox"/> I am stopping all of my contributions. |
| <input type="checkbox"/> I am changing my current contribution levels. | <input type="checkbox"/> I am changing my beneficiary designation. |
| <input type="checkbox"/> I am changing my future investment mix. | <input type="checkbox"/> I elect not to make contributions to the Plan at this time. |
| <input type="checkbox"/> I am changing or stopping my catch-Up contributions. | |

** If you elect to join the Plan and fail to make an investment choice election, or your elections do not total to 100% your contribution will be invested by the Plan's default. Please contact your Plan Administrator for specifics regarding your Plan's default investment choice.*

Contribution Amount

Before-Tax Contributions:

- I wish to contribute \$ of my eligible pay on a before-tax basis.
- I wish to contribute % of my eligible pay on a before-tax basis.
- I do not wish to make before-tax contributions at this time.

I understand that IRS/Plan limits may affect the amount I can contribute to the Plan each year.

After-Tax Contributions:

- I wish to contribute \$ of my eligible pay on an after-tax basis to my Roth 401(k).
- I wish to contribute % of my eligible pay on an after-tax basis to my Roth 401(k).

Total Contribution:

Catch-up Contributions

You may elect or change your Catch-up Contribution at any time. The effective date of your election is based on your Plan's provisions. Other factors may also affect your Catch-up Contributions. Therefore, please read the Important Notes below before making an election.

I elect to contribute \$.00 per pay period as a Catch-up Contribution.

I elect to contribute % of my eligible earnings as a Catch-up Contribution.

(Percentage amount entered must be from 1% to 100%.)

I elect to stop making Catch-up Contributions.

I do not wish to make Catch-up Contributions at this time.

I will not be at least age 50 by the end of the year.

* Important Notes:

- If you exceed IRS/Plan limits (limits apply to the sum of before-tax or after-tax 401(k) contributions), the excess will be automatically re-characterized as Catch-up Contributions, up to the limit for Catch-up Contributions for the year.
- With the exception of one-time deductions, your Catch-up Contribution election will carry over from year to year.
- The investment mix of Catch-up Contributions will be the same as your regular contributions. The IRS/Plan limits may affect the amount you can contribute to the plan each year.
- If you are making Catch-up Contributions but do not satisfy both the age and contribution requirements, your Catch-up Contributions will be re-characterized as regular contributions at the end of the year.
- Catch-up Contributions will be allocated in the same proportion as your total elective contribution. For example, if you have elected to contribute 6% of your traditional 401(k) account and 4% to your Roth 401(k) account, 60% of your total elective contribution will be directed into your traditional 401(k) account and 40% will be directed into your Roth 401(k) account. If you make a Catch-up Contribution of \$5,000, \$3,000 ($\$5,000 \times .60$) of your Catch-up Contribution will go into your traditional 401(k) account and \$2,000 ($\$5,000 \times .40$) of your Catch-up Contribution will go into your Roth 401(k) account.

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Name:

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Investment Mix

Please invest my *future* Plan contributions in the Benefit Providers Multiple Employer 401(k) Retirement Program as indicated below, in whole percentages.

Asset Class	Investment Choice	Code	Investment Choice Election %
Short Bonds/Stable/MMkt	Invesco Stable Value Trust Ret Acct	R0FK	<input type="text"/> %
Interm./Long-Term Bond	PGIM Total Return Bond Ret Acct	R1M3	<input type="text"/> %
Interm./Long-Term Bond	DFA Inflation-Protected Securities Portfolio Ret Acct	R1D6	<input type="text"/> %
Aggressive Bonds	Aegon US High Yield Ret Acct	R27X	<input type="text"/> %
Aggressive Bonds	AB Global Bond Ret Acct	R2JL	<input type="text"/> %
Large-Cap Stocks	JPMorgan Equity Income Ret Acct	R1LQ	<input type="text"/> %
Large-Cap Stocks	Transamerica Partners Stock Index Ret Acct	R045	<input type="text"/> %
Large-Cap Stocks	JPMorgan Large Cap Growth Ret Acct	R1LR	<input type="text"/> %
Large-Cap Stocks	T. Rowe Price Growth Stock Ret Acct	R1M7	<input type="text"/> %
Small/Mid-Cap Stocks	Allspring Special Mid Cap Value Ret Acct	R2KN	<input type="text"/> %
Small/Mid-Cap Stocks	State Street S&P Mid Cap Index Ret Acct	R05A	<input type="text"/> %
Small/Mid-Cap Stocks	Delaware Ivy Mid Cap Growth Ret Acct	R1A8	<input type="text"/> %
Small/Mid-Cap Stocks	Franklin Small Cap Value Ret Acct	R07S	<input type="text"/> %
Small/Mid-Cap Stocks	State Street Russell Small Cap Index Ret Acct	R057	<input type="text"/> %
Small/Mid-Cap Stocks	Janus Henderson Triton Ret Acct	R1LP	<input type="text"/> %
Small/Mid-Cap Stocks	PGIM Jennison Small Company Ret Acct	R0IS	<input type="text"/> %
Small/Mid-Cap Stocks	TA Vanguard Real Estate Index Ret Acct	R08D	<input type="text"/> %
International Stocks	State Street International Index Ret Acct	R059	<input type="text"/> %
International Stocks	Transamerica International Growth Ret Acct	R283	<input type="text"/> %
International Stocks	Fidelity Advisor Focus Emerging Markets Ret Acct	R0EB	<input type="text"/> %
Multi-Asset/Other	Transamerica LifeGoal Retirement with BlackRock Ret Acct	R1Q5	<input type="text"/> %
Multi-Asset/Other	Transamerica LifeGoal 2025 with BlackRock Ret Acct	R1Q7	<input type="text"/> %
Multi-Asset/Other	Transamerica LifeGoal 2030 with BlackRock Ret Acct	R1Q8	<input type="text"/> %
Multi-Asset/Other	Transamerica LifeGoal 2035 with BlackRock Ret Acct	R1Q9	<input type="text"/> %
Multi-Asset/Other	Transamerica LifeGoal 2040 with BlackRock Ret Acct	R1QA	<input type="text"/> %
Multi-Asset/Other	Transamerica LifeGoal 2045 with BlackRock Ret Acct	R1QB	<input type="text"/> %
Multi-Asset/Other	Transamerica LifeGoal 2050 with BlackRock Ret Acct	R1QC	<input type="text"/> %
Multi-Asset/Other	Transamerica LifeGoal 2055 with BlackRock Ret Acct	R1QD	<input type="text"/> %
Multi-Asset/Other	Transamerica LifeGoal 2060 with BlackRock Ret Acct	R394	<input type="text"/> %
Total For All Investment Choices			<input type="text"/> %

After your initial enrollment in the Plan, to transfer existing plan account balances with Transamerica Retirement Solutions, do not use this form. Use the toll free number, if applicable, or contact your Plan Administrator. You must complete a Beneficiary Designation Form.

Authorization and Signature

I hereby authorize a payroll deduction of Plan contributions in accordance with the level(s) I have indicated. I understand this constitutes a "cash or deferred arrangement" under section 401(k) of the Internal Revenue Code and that my contributions are subject to the withdrawal restrictions of the Plan. By authorizing a payroll deduction, I understand I am electing to defer a portion of my salary to the Benefit Providers Multiple Employer 401(k) Retirement Program. I understand that certain limitations are imposed on my contributions by Federal law and that my contributions may be refunded to comply with these laws. I further agree that neither Benefit Providers, LLC, the Plan Trustee, nor their affiliates will be liable for any loss when acting upon my instructions believed to be genuine.

I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Plan Administrator has properly implemented my contribution election(s). Furthermore, I have a duty to inform the Plan Administrator in writing if I discover any discrepancy between my pay records and the election(s) I have made in this Enrollment/Change Form. I understand I may modify my deferral rate prospectively, at the time I notify Plan Administrator in writing, consistent with the Plan terms.

Employee Signature Date

Plan Administrator Signature Date

Once this form has been completed with all the necessary information and required signatures, please forward for processing. The form cannot be processed without Plan Administrator's signature

Mail: 6400 C Street SW, Cedar Rapids, Iowa 52499 **Fax No:** (866)-846-2236

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932479 - 000**

BENEFICIARY DESIGNATION FORM

Please Note: Beneficiary Form need only be completed if you are enrolling for the first time or making changes to your designated beneficiaries.

Name: **Social Security Number:**

You may name anyone you wish as your beneficiary. However, if you are married and you name someone other than your current spouse as beneficiary for all or part of the benefits payable, your spouse must consent to the beneficiary designation and complete the Spousal Consent section (it will need to be signed by your spouse and notarized). If your spouse does not complete this consent section, your beneficiary will be your spouse. Remember that changes in marital status may affect your beneficiary designations, so be sure to keep your designation current.

Unless you state otherwise, all primary beneficiaries will share equally and, if no primary beneficiary survives you, all contingent beneficiaries will share equally. If no beneficiary survives you, settlement will be made as provided in the Plan.

Beneficiary Designation

I name the following individual(s) to receive my Plan benefits in the event of my death in accordance with the terms of the Plan. This beneficiary designation cancels and replaces all prior designations and settlement agreements which I have made under the Plan. Benefits will be paid to my primary beneficiary(ies) if living. Benefits will be paid to my contingent beneficiary(ies) only if none of my primary beneficiaries are living.

Percentages below must equal 100% for Primary Beneficiary(ies).

-and-

Percentages below must also equal 100% for Contingent (Secondary) Beneficiary(ies) - if any.

Plan Beneficiaries

You must designate at least one Primary Beneficiary.

Primary Contingent

Percentage

First Name Initial Last Name

Street Address Apartment No.

-

City State ZIP

- - / /

Social Security Number Date of Birth (MM/DD/YYYY) Relationship (Beneficiary is my _____)

Primary Contingent

Percentage

First Name

Initial

Last Name

Street Address

Apartment No.

-

City

State

ZIP

- -

Social Security Number

/ /

Date of Birth (MM/DD/YYYY)

Relationship (Beneficiary is my _____)

Primary Contingent

Percentage

First Name

Initial

Last Name

Street Address

Apartment No.

-

City

State

ZIP

- -

Social Security Number

/ /

Date of Birth (MM/DD/YYYY)

Relationship (Beneficiary is my _____)

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BENEFICIARY DESIGNATION FORM

Name: **Social Security Number:**

Beneficiary Designation Authorization and Signature

Participant Signature Signed at (City and State) Date

Spousal Consent

I, spouse of , hereby consent to the designation of the beneficiary(ies) named on this form. I understand that my spouse has designated someone other than (or in addition to) myself as a beneficiary to receive benefits under this Plan. I understand the financial impact of this designation. I also understand that my consent to this designation is irrevocable.

By signing below, I hereby waive all rights to the pre-retirement survivor benefit with respect to that portion of the Plan benefits payable to a beneficiary other than myself.

Spouse Name Spouse Signature Date

Notary Public or Plan Representative Signature Required

Subscribed and sworn to me before this _____ day of _____, _____

Signature State County